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|---|--|---|
| <b>Issue Classification</b><br> | <b>Application/Control No.</b><br>10588076 | <b>Applicant(s)/Patent Under Reexamination</b><br>HORIBA ET AL. |
|   | <b>Examiner</b><br>Phuoc Tran              | <b>Art Unit</b><br>2624   |

| ORIGINAL           |                                   |          |  |  |  | INTERNATIONAL CLASSIFICATION |   |   |   |                     |             |  |  |  |  |  |  |  |
|--------------------|-----------------------------------|----------|--|--|--|------------------------------|---|---|---|---------------------|-------------|--|--|--|--|--|--|--|
| CLASS              |                                   | SUBCLASS |  |  |  | CLAIMED                      |   |   |   |                     | NON-CLAIMED |  |  |  |  |  |  |  |
| 382                |                                   | 165      |  |  |  | G                            | D | B | K | 9 / 00 (2008.01.01) |             |  |  |  |  |  |  |  |
| CROSS REFERENCE(S) |                                   |          |  |  |  |                              |   |   |   |                     |             |  |  |  |  |  |  |  |
|                    |                                   |          |  |  |  |                              |   |   |   |                     |             |  |  |  |  |  |  |  |
| CLASS              | SUBCLASS (ONE SUBCLASS PER BLOCK) |          |  |  |  |                              |   |   |   |                     |             |  |  |  |  |  |  |  |
| 382                | 190                               |          |  |  |  |                              |   |   |   |                     |             |  |  |  |  |  |  |  |
|                    |                                   |          |  |  |  |                              |   |   |   |                     |             |  |  |  |  |  |  |  |
|                    |                                   |          |  |  |  |                              |   |   |   |                     |             |  |  |  |  |  |  |  |
|                    |                                   |          |  |  |  |                              |   |   |   |                     |             |  |  |  |  |  |  |  |
|                    |                                   |          |  |  |  |                              |   |   |   |                     |             |  |  |  |  |  |  |  |
|                    |                                   |          |  |  |  |                              |   |   |   |                     |             |  |  |  |  |  |  |  |
|                    |                                   |          |  |  |  |                              |   |   |   |                     |             |  |  |  |  |  |  |  |
|                    |                                   |          |  |  |  |                              |   |   |   |                     |             |  |  |  |  |  |  |  |
|                    |                                   |          |  |  |  |                              |   |   |   |                     |             |  |  |  |  |  |  |  |
|                    |                                   |          |  |  |  |                              |   |   |   |                     |             |  |  |  |  |  |  |  |
|                    |                                   |          |  |  |  |                              |   |   |   |                     |             |  |  |  |  |  |  |  |
|                    |                                   |          |  |  |  |                              |   |   |   |                     |             |  |  |  |  |  |  |  |
|                    |                                   |          |  |  |  |                              |   |   |   |                     |             |  |  |  |  |  |  |  |
|                    |                                   |          |  |  |  |                              |   |   |   |                     |             |  |  |  |  |  |  |  |
|                    |                                   |          |  |  |  |                              |   |   |   |                     |             |  |  |  |  |  |  |  |
|                    |                                   |          |  |  |  |                              |   |   |   |                     |             |  |  |  |  |  |  |  |
|                    |                                   |          |  |  |  |                              |   |   |   |                     |             |  |  |  |  |  |  |  |

| <input type="checkbox"/> Claims renumbered in the same order as presented by applicant <input type="checkbox"/> CPA <input type="checkbox"/> T.D. <input type="checkbox"/> R.1.47 |          |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
|---|----------|-------|----------|-------|----------|-------|----------|-------|----------|-------|----------|-------|----------|-------|----------|
| Final   | Original | Final | Original | Final | Original | Final | Original | Final | Original | Final | Original | Final | Original | Final | Original |
| 1   | 1        |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| 2   | 2        |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| 4   | 3        |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| 3   | 4        |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| 6   | 5        |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| 7   | 6        |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| 9   | 7        |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| 8   | 8        |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| 11  | 9        |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| 5   | 10       |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| 10  | 11       |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
|   |          |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
|   |          |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
|   |          |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
|   |          |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
|   |          |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
|   |          |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
|   |          |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
|   |          |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
|   |          |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
|   |          |       |          |       |          |       |          |       |          |       |          |       |          |       |          |

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|--|--|------------------------------|---------------------|
| NONE   |  | <b>Total Claims Allowed:</b> |                     |
| (Assistant Examiner)                           |  | 11                           |                     |
| (Date)   |  |                              |                     |
| /Phuoc Tran/<br>Primary Examiner.Art Unit 2624 |  | 9/29/09                      | O.G. Print Claim(s) |
| (Primary Examiner)                             |  | (Date)                       | O.G. Print Figure   |
|  |  | 1                            | 2                   |